NEIGHBORHOOD ASSOCIATION REGISTRATION FORM
AND INFORMATION SHEET

NAME OF ASSOCIATION: _____

YEAR ESTABLISHED (if known): _____

NUMBER OF HOUSEHOLDS (if known): _____

ESTIMATED NUMBER OF ACTIVE MEMBERS: _____

NEIGHBORHOOD BOUNDARIES (streets: north/south/east/west): _____

_____

NAME OF PERSON PROVIDING THIS INFORMATION:

_____   _____
Name (please print)   Title

_____   _____
Signature   Today's Date   Email

_____   _____
Street Address   Zip   Phone

DOES YOUR ASSOCIATION HAVE A WEBSITE?   No   ☐   Yes,   ☐ _____

DOES YOUR ASSOCIATION HAVE REGULAR MEETINGS?   ☐ No   ☐ Yes

   If yes, when/where are your meetings? _____

DOES YOUR ASSOCIATION HAVE A NEWSLETTER?   ☐ No   ☐ Yes

   If yes, when is the newsletter distributed?   ☐ Monthly   ☐   ☐ Quarterly
Other _____
   If yes, is the newsletter distributed by email or hardcopy? _____
   If yes, when is the deadline to submit articles? _____

BRIEF STATEMENT OF ASSOCIATION OBJECTIVES AND GOALS (May be continued on back of form):
_____
_____
_____
_____
_____
_____
_____

> For assistance, please call the
> Neighborhood and Community
> Services Office at 730-7739 or email
> pbassett@ci.sunnyvale.ca.us.

NEIGHBORHOOD ASSOCIATION REGISTRATION FORM
AND INFORMATION SHEET CONTINUED

his form to: *Peter Bassett, Neighborhood and Community Services, City of Sunnyva* *_____ ___, P.O. Box 3707, Sunnyvale, CA 94088-3707*; Or Fax to: (408) 730-7696.

CURRENT ASSOCIATION OFFICERS
From _____ **to** _____
    Month/year   **Month/year**

(1st officer listed will be the City liaison unless designated otherwise)

_____   _____
Name (please print)   Title

_____   _____
Signature   Date   Email

_____   _____
Street Address   Zip   Phone

_____   _____
Name (please print)   Title

_____   _____
Signature   Date   Email

_____   _____
Street Address   Zip   Phone

_____   _____
Name (please print)   Title

_____   _____
Signature   Date   Email

_____   _____
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_____   _____
Name (please print)   Title

_____   _____
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_____   _____
Street Address   Zip   Phone

**NEIGHBORHOOD ASSOCIATION REGISTRATION FORM
AND INFORMATION SHEET CONTINUED**

ASSOCIATION OFFICERS CONTINUED:

_____   _____

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Name (please print)   Title

_____   _____
Signature   Date   Email

_____   _____
Street Address   Zip   Phone

_____   _____
Name (please print)   Title

_____   _____
Signature   Date   Email

_____   _____
Street Address   Zip   Phone

_____   _____
Name (please print)   Title

_____   _____
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